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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTO	ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/523,603 TITLE OF INVENTION	02/04/2005 I: A RECEPTOR ANTA	GONISTS FOR TREATI	Hiroshi Kasc NG RESTLESS LEG:	S SYN		0005.001205.1 NAL MYOCLONU	S	4143		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DU	E	DATE DUE	]	
nonprovisional	NO	\$1510	\$300		\$0	\$1810		07/07/2010	J	
EXAMINER		ART UNIT	CLASS-SUBCLASS	s						
JAVANMARD, SAHAR 1627		1627	514-263200							
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Fitzpatrick, Cella, Harper 8						≩ Scinto	
PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI	less an assignee is ident th in 37 CFR 3.11. Comp	A TO BE PRINTED ON ified below, no assignce pletion of this form is NO	data will appear on t T a substitute for filing	the par g an a	,		document l	has been filed for	r	
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):		Individual 🛮 Corporati	on or other private g	group entity	Government	t	
4a. The following fee(s)  Lissue Fee Publication Fee (N Advance Order -	4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)   ☐ A Depository Account payment of \$1825.00 is being paid herewith.  ☐ Payment by credit card. Form PTO-2038 is attached.  ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-1205 (enclose an extra copy of this form).									
a. Applicant claim	tus (from status indicated as SMALL ENTITY state	us. See 37 CFR 1.27.	**		er claiming SMALL EN			, ,	<u>.</u>	
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Authorized Signature	<sub>Date</sub> June 4, 2010									
Typed or printed name Lawrence S. Perry			Registration No. 31865							
this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223	ions for reducing this builtinginia 22313-1450. DC	OFR 1.311. The information U.S.C. 122 and 37 CFR to U.S.C. 122 and 37 CFR to U.S.C. Time will vary den, should be sent to the ONOT SEND FEES OR	COMPLETED FORM	IS TO	tain a benefit by the publimated to take 12 minutes dual case. Any comment, U.S. Patent and Traden THIS ADDRESS. SENI	nark Office, U.S. De D TO: Commissione	partment of r for Patent	SPTO to processing, preparing, and quire to complete f Commerce, P.O. s, P.O. Box 1450,	; 1 ;	